

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum)

PCT2046HM

Box No. I TITLE OF INVENTION

MEDICINAL ORAL PREPARATIONS FOR COLON DELIVERY, MEDICINAL ORAL PREPARATIONS FOR TREATING COLON CANCER AND MEDICINAL ORAL PREPARATIONS FOR TREATING COLITIS

Box No. II APPLICANT

☐ This person is also inventor

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

HISAMITSU PHARMACEUTICAL CO., INC.

408, Tashirodaikanmachi, Tosu-shi,
Saga 841-0017 JAPAN

Telephone No.

03-5293-1712

Facsimile No.

03-5293-1730

Teleprinter No.

Applicant's registration No. with the Office

State (that is, country) of nationality:

JP

State (that is, country) of residence:

JP

This person is applicant
for the purposes of:

☐ all designated
States

☒ all designated States except
the United States of America

☐ the United States
of America only

☐ the States indicated in
the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

SATO, Shuji

c/o HISAMITSU PHARMACEUTICAL CO., INC.,
Tsukuba Research Laboratories, 25-11,
Kannondai 1-chome, Tsukuba-shi,
Ibaraki 305-0856 JAPAN

This person is:

☐ applicant only

☒ applicant and inventor

☐ inventor only (If this check-box
is marked, do not fill in below.)

Applicant's registration No. with the Office

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of America only

☐ the States indicated in
the Supplemental Box

☒ Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

☒ agent

☐ common
representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

KUZUWA, Kiyoshi (10284), patent attorney
Patent Attorneys, KUZUWA & PARTNERS,
AOI Bldg., Honshio-cho 19, Shinjuku-ku,
Tokyo 160-0003 JAPAN

Telephone No.

03-5366-9961

Facsimile No.

03-5366-9960

Teleprinter No.

Agent's registration No. with the Office

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
<i>If none of the following sub-boxes is used, this sheet should not be included in the request.</i>	
<p>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</p> <p>GOTO, Takeshi c/o HISAMITSU PHARMACEUTICAL CO., INC., Tsukuba Research Laboratories, 25-11, Kannondai 1-chome, Tsukuba-shi, Ibaraki 305-0856 JAPAN</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p>
State (that is, country) of nationality: JP	State (that is, country) of residence: JP
<p>This person is applicant for the purposes of:</p> <p><input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>	
<p>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</p> <p>TANIDA, Norifumi c/o HISAMITSU PHARMACEUTICAL CO., INC., Tsukuba Research Laboratories, 25-11, Kannondai 1-chome, Tsukuba-shi, Ibaraki 305-0856 JAPAN</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p>
State (that is, country) of nationality: JP	State (that is, country) of residence: JP
<p>This person is applicant for the purposes of:</p> <p><input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>	
<p>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</p> <p>MENO, Tatsuya c/o HISAMITSU PHARMACEUTICAL CO., INC., Tsukuba Research Laboratories, 25-11, Kannondai 1-chome, Tsukuba-shi, Ibaraki 305-0856 JAPAN</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p>
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<p>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</p> <p>YOSHINAGA, Takaaki c/o HISAMITSU PHARMACEUTICAL CO., INC., Tsukuba Research Laboratories, 25-11, Kannondai 1-chome, Tsukuba-shi, Ibaraki 305-0856 JAPAN</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p>
State (that is, country) of nationality: JP	State (that is, country) of residence: JP
<p>This person is applicant for the purposes of:</p> <p><input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>	
<p><input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet.</p>	

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

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Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

YONEMURA, Keishi
c/o HISAMITSU PHARMACEUTICAL CO., INC.,
Tsukuba Research Laboratories, 25-11,
Kannondai 1-chome, Tsukuba-shi,
Ibaraki 305-0856 JAPAN

This person is:

☐ applicant only

☒ applicant and inventor

☐ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

JP

State (that is, country) of residence:

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☒ the United States of America only

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☐ the United States of America only

☐ the States indicated in the Supplemental Box

☐ Further applicants and/or (further) inventors are indicated on another continuation sheet.

Box No.V DESIGNATION OF STATES

Mark the applicable check-boxes below; at least one must be marked.

The following designations are hereby made under Rule 4.9(a):

Regional Patent

- ☐ **AP ARIPO Patent:** GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT
- ☐ **EA Eurasian Patent:** AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ **EP European Patent:** AT Austria, BE Belgium, CH & LI Switzerland and Liechtenstein, CY Cyprus, DE Germany, DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☐ **OA OAPI Patent:** BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

National Patent (if other kind of protection or treatment desired, specify on dotted line):

- | | | |
|--|---|---|
| <input type="checkbox"/> AE United Arab Emirates | <input type="checkbox"/> GE Georgia | <input type="checkbox"/> MW Malawi |
| <input type="checkbox"/> AG Antigua and Barbuda | <input type="checkbox"/> GH Ghana | <input type="checkbox"/> MX Mexico |
| <input type="checkbox"/> AL Albania | <input type="checkbox"/> GM Gambia | <input type="checkbox"/> MZ Mozambique |
| <input type="checkbox"/> AM Armenia | <input type="checkbox"/> HR Croatia | <input type="checkbox"/> NO Norway |
| <input type="checkbox"/> AT Austria | <input type="checkbox"/> HU Hungary | <input type="checkbox"/> NZ New Zealand |
| <input type="checkbox"/> AU Australia | <input type="checkbox"/> ID Indonesia | <input type="checkbox"/> PL Poland |
| <input type="checkbox"/> AZ Azerbaijan | <input type="checkbox"/> IL Israel | <input type="checkbox"/> PT Portugal |
| <input type="checkbox"/> BA Bosnia and Herzegovina | <input type="checkbox"/> IN India | <input type="checkbox"/> RO Romania |
| | <input type="checkbox"/> IS Iceland | <input type="checkbox"/> RU Russian Federation |
| <input type="checkbox"/> BB Barbados | <input type="checkbox"/> JP Japan | |
| <input type="checkbox"/> BG Bulgaria | <input type="checkbox"/> KE Kenya | <input type="checkbox"/> SD Sudan |
| <input type="checkbox"/> BR Brazil | <input type="checkbox"/> KG Kyrgyzstan | <input type="checkbox"/> SE Sweden |
| <input type="checkbox"/> BY Belarus | <input type="checkbox"/> KP Democratic People's Republic of Korea | <input type="checkbox"/> SG Singapore |
| <input type="checkbox"/> BZ Belize | <input type="checkbox"/> KR Republic of Korea | <input type="checkbox"/> SI Slovenia |
| <input checked="" type="checkbox"/> CA Canada | <input type="checkbox"/> KZ Kazakhstan | <input type="checkbox"/> SK Slovakia |
| <input type="checkbox"/> CH & LI Switzerland and Liechtenstein | <input type="checkbox"/> LC Saint Lucia | <input type="checkbox"/> SL Sierra Leone |
| <input type="checkbox"/> CN China | <input type="checkbox"/> LK Sri Lanka | <input type="checkbox"/> TJ Tajikistan |
| <input type="checkbox"/> CO Colombia | <input type="checkbox"/> LR Liberia | <input type="checkbox"/> TM Turkmenistan |
| <input type="checkbox"/> CR Costa Rica | <input type="checkbox"/> LS Lesotho | <input type="checkbox"/> TR Turkey |
| <input type="checkbox"/> CU Cuba | <input type="checkbox"/> LT Lithuania | <input type="checkbox"/> TT Trinidad and Tobago |
| <input type="checkbox"/> CZ Czech Republic | <input type="checkbox"/> LU Luxembourg | |
| <input type="checkbox"/> DE Germany | <input type="checkbox"/> LV Latvia | <input type="checkbox"/> TZ United Republic of Tanzania |
| <input type="checkbox"/> DK Denmark | <input type="checkbox"/> MA Morocco | <input type="checkbox"/> UA Ukraine |
| <input type="checkbox"/> DM Dominica | <input type="checkbox"/> MD Republic of Moldova | <input type="checkbox"/> UG Uganda |
| <input type="checkbox"/> DZ Algeria | | <input checked="" type="checkbox"/> US United States of America |
| <input type="checkbox"/> EE Estonia | <input type="checkbox"/> MG Madagascar | <input type="checkbox"/> UZ Uzbekistan |
| <input type="checkbox"/> ES Spain | <input type="checkbox"/> MK The former Yugoslav Republic of Macedonia | <input type="checkbox"/> VN Viet Nam |
| <input type="checkbox"/> FI Finland | <input type="checkbox"/> MN Mongolia | <input type="checkbox"/> YU Yugoslavia |
| <input type="checkbox"/> GB United Kingdom | | <input type="checkbox"/> ZA South Africa |
| <input type="checkbox"/> GD Grenada | | <input type="checkbox"/> ZW Zimbabwe |

Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet:

- | | | |
|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

Box No. VI PRIORITY CLAIM

The priority of the following earlier application(s) is hereby claimed:

Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country	regional application: regional Office	international application: receiving Office
item (1)				
item (2)				
item (3)				
item (4)				
item (5)				

☐ Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office) identified above as:

☐ all items ☐ item (1) ☐ item (2) ☐ item (3) ☐ item (4) ☐ item (5) ☐ other, see Supplemental Box

* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)):

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA / . . . JP

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year)

Number

Country (or regional Office)

Box No. VIII DECLARATIONS

The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):

Number of declarations

- | | | |
|---|--|---|
| <input type="checkbox"/> Box No. VIII (i) | Declaration as to the identity of the inventor | : |
| <input type="checkbox"/> Box No. VIII (ii) | Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent | : |
| <input type="checkbox"/> Box No. VIII (iii) | Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application | : |
| <input type="checkbox"/> Box No. VIII (iv) | Declaration of inventorship (only for the purposes of the designation of the United States of America) | : |
| <input type="checkbox"/> Box No. VIII (v) | Declaration as to non-prejudicial disclosures or exceptions to lack of novelty | : |

Box No. IX CHECK LIST; LANGUAGE OF FILING

This international application contains:

(a) **in paper form**, the following number of sheets:

request (including declaration sheets) : 6
description (excluding sequence listing and/or tables related thereto) : 24
claims : 6
abstract : 1
drawings : 0

Sub-total number of sheets : 37

sequence listing :
tables related thereto :

(for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below)
Total number of sheets : 37

(b) ☐ **only in computer readable form** (Section 801(a)(i))

(i) ☐ sequence listing
(ii) ☐ tables related thereto

(c) ☐ **also in computer readable form** (Section 801(a)(ii))

(i) ☐ sequence listing
(ii) ☐ tables related thereto

Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the

☐ sequence listing:

☐ tables related thereto:

(additional copies to be indicated under items 9(ii) and/or 10(ii), in right column)

This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):

Number of items

1. ☒ fee calculation sheet : 1
2. ☒ original separate power of attorney : 2
3. ☐ original general power of attorney :
4. ☐ copy of general power of attorney; reference number, if any: :
5. ☐ statement explaining lack of signature :
6. ☐ priority document(s) identified in Box No. VI as item(s): :
7. ☐ translation of international application into (language): :
8. ☐ separate indications concerning deposited microorganism or other biological material :
9. ☐ sequence listing in computer readable form (indicate type and number of carriers)
 - (i) ☐ copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application) :
 - (ii) ☐ (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter :
 - (iii) ☐ together with relevant statement as to the identity of the copy or copies with the sequence listing mentioned in left column :
10. ☐ tables in computer readable form related to sequence listing (indicate type and number of carriers)
 - (i) ☐ copy submitted for the purposes of international search under Section 802(b-quater) only (and not as part of the international application) :
 - (ii) ☐ (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-quater) :
 - (iii) ☐ together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column :
11. ☐ other (specify): :

Figure of the drawings which should accompany the abstract:

Language of filing of the international application: Japanese

Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).

KUZUWA Kiyoshi (seal)

For receiving Office use only

1. Date of actual receipt of the purported international application:

3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:

4. Date of timely receipt of the required corrections under PCT Article 11(2):

5. International Searching Authority (if two or more are competent): ISA / JP

6. ☐ Transmittal of search copy delayed until search fee is paid

2. Drawings:

☐ received:

☐ not received:

For International Bureau use only

Date of receipt of the record copy by the International Bureau: